## VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF PESTICIDE SERVICES

#### PESTICIDE DISPOSAL PROGRAM REGISTRATION

PLEASE COMPLETE THE ENTIRE FORM. LIST ONLY THOSE PESTICIDE(S) THAT **REQUIRE DISPOSAL**. IF THE PESTICIDE IS UNKNOWN OR UNLABELLED, LIST IT AS "UNKNOWN" UNDER "PESTICIDE TRADE NAME" AND COMPLETE THE OTHER COLUMNS. IF THE PACKAGE IS PARTIALLY FILLED, ESTIMATE QUANTITY AS CLOSELY AS POSSIBLE. USE ADDITIONAL SHEETS IF NECESSARY.

#### RETURN COMPLETED REGISTRATION FORMS TO: LIZA FLEESON, VDACS-OPS, PO BOX 1163, RICHMOND, VA 23218 OR FAX 804-371-8598.

COUNTY/CITY	DATE							
NAME					-			
MAILING ADDRESS					-			
TELEPHONE NUMBER ( )	NUMBER OF ADDITIONAL SHEETS ATTACHED							
DO YOU HAVE PESTICIDES THAT <u>CANNOT</u> BE SAFELY IF YES, PLEASE EXPLAIN	TRANSPORTED TO THE COLLECTION SITE? YES	NO						
DO YOU HAVE PESTICIDES <u>IN EXCESS</u> OF 3000 POUNE								
DO YOU HAVE ANY UNKNOWN PESTICIDES GREATER	<u>THAN</u> 50 POUNDS FOR SOLIDS OR 5 GALLONS FOR LIQU	JIDS?YES	NO					
PESTICIDE TRADE NAME	ACTIVE INGREDIENT	QUANTITY (LBS OR GALS)	L (LIQUIDS) S (SOLIDS)	NO. & SIZE OF PACKAGES				
Example: Bicep	Atrazine + Metolachlor	10	L	4 - 2.5				

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